



***New Jersey Office of the Attorney General***

Division of Consumer Affairs  
New Jersey Cemetery Board  
124 Halsey Street, 6th Floor, P.O. Box 45036  
Newark, New Jersey 07101  
(973) 504-6553

**Annual Report of Maintenance and Preservation Fund and Other Funds**

**Fiscal Year Ended:** \_\_\_\_\_  
Month Day Year

1. \_\_\_\_\_  
Name of Cemetery Certificate of Authority Number

2. \_\_\_\_\_  
Location - Street Address City State ZIP code

3. \_\_\_\_\_  
Mailing - Street Address City State ZIP code

4. \_\_\_\_\_  
Name - Contact person for Cemetery Telephone number (include area code)

5. Status: ☐ For Profit ☐ Non-Profit

6. Are there outstanding Certificates of Interest/Indebtedness/Stock? ☐ Yes ☐ No

7. How many cremations were performed by your Crematory? \_\_\_\_\_

8. Name(s) and address(es) of custodial bank(s) for Maintenance and Preservation (M&P) and other trust funds:

a. \_\_\_\_\_  
Name of Bank Street Address City State ZIP code

b. \_\_\_\_\_  
Name of Bank Street Address City State ZIP code

c. \_\_\_\_\_  
Name of Bank Street Address City State ZIP code

d. \_\_\_\_\_  
Name of Bank Street Address City State ZIP code

9. Name and address of individuals who control/direct M&P Fund Investments:

\_\_\_\_\_  
Name Street Address City State ZIP code

\_\_\_\_\_  
Name Street Address City State ZIP code

10. Book value of M&P fund at beginning of current fiscal year:

\$

	<u><b>A - Amount</b></u>	<u><b>B - Amount Deposited into M&amp;P Fund</b></u>
11. a) Total receipts collected from lot and grave sales - enter in A, 15% of A - enter in B	\$ _____	\$ _____
b) number of bulk grave sales x current gross price of comparable graves - enter in A, 15% of A - enter in B	\$ _____	\$ _____
12. Amount of lot and grave resales - enter in A, 15% of A less M&P previously paid - enter in B	\$ _____	\$ _____
13. a) Total receipts collected from crypt and niche sales - enter in A, 10% of A - enter in B	\$ _____	\$ _____
b) number of bulk crypt and niche sales x current gross sales price of comparable crypts or graves - enter in A, 10% of A - enter in B	\$ _____	\$ _____
14. Amount of crypt and niche resales - enter in A, 15% of A less M&P previously paid - enter in B	\$ _____	\$ _____
15. Enter total number of interments in Column A:	# _____	
a) Total receipts collected for interment fees over \$660.00 each, enter in A; 3% of A - enter in B	\$ _____	\$ _____
b) Enter number of interments for interment fees of less than \$660.00 each in A; A x \$20.00 - enter in B	# _____	\$ _____
16. a) Total receipts collected for each foundation \$200.00 and over - enter in A, 10% of A - enter in B	\$ _____	\$ _____
b) Total number of foundations under \$200.00 each - enter in A, A x \$20.00 - enter in B	\$ _____	\$ _____
17.	TOTAL DEPOSITED:	\$ _____
18. Monies deposited to put old graves under M&P		\$ _____
19. Reversal of deposits in transit for - _____ <span style="display: block; text-align: center; font-size: small;">Date of prior fiscal year end</span>		+ \$ _____
20. Deposits in transit for - _____ <span style="display: block; text-align: center; font-size: small;">Date of current fiscal year end</span>		( \$ _____ )
21. Capital Gain from Sale of Investments		+ \$ _____
22. Loss from Sale of Investments		( \$ _____ )
23. (See Instructions) _____		_____
24. (See Instructions) _____		_____
25. Book Value of M&P Fund at end of current fiscal year		\$
26. Total income earned by M&P for current year (interest and dividends)		\$ _____
a. Amount to be used for general operating expenses		\$ _____
b. Amount retained in M&P Fund corpus		\$ _____

27. Fees due New Jersey Cemtery Board:

\$ 75.00	Filing Fee
\$	Interment (line 15 Column A - subtract 25 and multiply balance by \$4.00)
\$	Cremations Performed by Cemeteries Operating Crematories
\$	Total to be submitted with this report

28. Annual Report of Maintenance and Preservation Trust Funds

	<u>Current Year End Value</u>	
	<u>Book Value/Tax Cost</u>	<u>Market Value</u>
Trust Fund Name	\$	\$
Name of Custodial Institution Account Number	\$	\$
Trust Fund Name	\$	\$
Name of Custodial Institution Account Number	\$	\$
Trust Fund Name	\$	\$
Name of Custodial Institution Account Number	\$	\$
Trust Fund Name	\$	\$
Name of Custodial Institution Account Number	\$	\$
Trust Fund Name	\$	\$
Name of Custodial Institution Account Number	\$	\$
Total Book Value of M&P Fund - Line 25	\$	\$

29. Annual Report of Other Trust Funds

	<u>Book Value/Tax Cost</u>	<u>Market Value</u>
Trust Fund Name	\$	\$
Name of Custodial Institution Account Number	\$	\$
Purpose of Trust		
Trust Fund Name	\$	\$
Name of Custodial Institution Account Number	\$	\$
Purpose of Trust		
Trust Fund Name	\$	\$
Name of Custodial Institution Account Number	\$	\$
Purpose of Trust		
Total:	\$	\$

30. Names and Addresses of Officers:

President - Name	Street Address	City	State	ZIP code
Vice-President - Name	Street Address	City	State	ZIP code
Secretary - Name	Street Address	City	State	ZIP code
Treasurer - Name	Street Address	City	State	ZIP code

31. Names and Addresses of Trustees or Directors:

Name	Street Address	City	State	ZIP code
Name	Street Address	City	State	ZIP code
Name	Street Address	City	State	ZIP code
Name	Street Address	City	State	ZIP code
Name	Street Address	City	State	ZIP code
Name	Street Address	City	State	ZIP code
Name	Street Address	City	State	ZIP code
Name	Street Address	City	State	ZIP code
Name	Street Address	City	State	ZIP code

**AFFIDAVIT**

State of New Jersey

County of \_\_\_\_\_ } ss

I, \_\_\_\_\_, of \_\_\_\_\_, of \_\_\_\_\_, Title \_\_\_\_\_

\_\_\_\_\_ attest to the fact that I have reviewed this \_\_\_\_\_  
Name of Cemetery

report and the statement(s) of account(s) from the bank(s) having custody of the Maintenance and Preservation Fund and the lists of investments. The information contained in this report and on the attached list of investments is a true and correct statement, to the best of my knowledge, as of the end of the fiscal year of \_\_\_\_\_.  
Month and Year

Sworn & Subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Date commission expires

**Affix Seal Here**

\_\_\_\_\_  
Signature of Cemetery Official

**Corporate Seal**